

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Jingyue Ju et al.Serial No. : 10/702,203Examiner: J. RileyFiled : November 2, 2003Group Art Unit: 1637For : MASSIVE PARALLEL METHOD FOR DECODING DNA AND RNA

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: May 21, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

☐ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	18 -	* 20 =	*** 0 X	\$25	\$50	= 0.00	
Independent Claims	2 -	** 3 =	*** 0 X	\$100	\$200	= 0.00	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	= 0.00	
				TOTAL ADDITIONAL FEE		\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Amendment Transmittal Letter
Page 2

The following are also enclosed:

 X One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

 x An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes **x** No _____
and a fee of \$ **180.00** included)

 x A Petition for an Extension of Time, including a fee of
\$ 210.00 for a Petition for 2 Month(s) Extension of Time

_____ Other (identify): _____

THE TOTAL FEE DUE IS \$ 390.00

 x A check in the amount of \$ 390.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,


I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450. /

Alexandria, VA 22313-1450.

John P. White 5/21/07

John P. White Date
Reg. No. 28,678



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